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SIPDIS

FOR CA/OCS/ACS/EAP; EAP/EX; EAP/BCLTV  
BANGKOK FOR RMO, CDC  
STATE PASS HHS  
DEPARTMENT OF DEFENSE FOR OSD/ISA/AP FOR LEW STERN

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SUBJECT: VIETNAM - AVIAN FLU: MEDEVAC OPTIONS THRU  
INTERNATIONAL SOS

REF: Hanoi 626 and previous

1. Summary: The SOS International Clinic in Hanoi reports that they have the capability to transport AI patients, but cautions that it is uncertain whether the GVN will release patients, or countries will be found to accept patients. End Summary.

2. On March 9th, Consular Chief and MED specialist met with the Medical Director of the SOS International Clinic in Hanoi, Dr. Bruce Miller. (SOS is an international, for-profit, emergency health care provider.) Dr. Miller said that SOS has equipment and resources available to medevac patients with respiratory symptoms. They have a "large number" of isolation units that have been approved to transport patients with highly contagious respiratory illness. The units are spread around the world, but could be brought to the Southeast Asian region if demand increased.

3. With the use of these isolation units, the planes would not have to be retrofitted to meet CDC guidelines. Pilots and crew would wear N-95 respirators. SOS has redesigned and gotten approval for a new respirator design which pilots can legally wear while flying. SOS also has access to a wide range of planes from lear jets to a C-130. While not every pilot and plane owner is willing to transport highly contagious patients, SOS has a cadre of pilots and plane owners (of the full range of planes) who are fully informed about the isolation units and willing to fly such patients. SOS is capable of long-haul medevacs via short hops with re-fueling, or, if necessary, a plane that can do mid-air re-fueling.

4. An important outstanding issue is whether other countries will accept patients. SOS has an agreement in principle from G-7 countries to take back their own citizens, but each case would be reviewed on a case-by-case basis. SOS cannot guarantee that even his or her own, G-7 country will accept a patient. (A recent example that illuminates Dr. Miller's hesitancy is one in which Canada recently nearly refused landing rights to a commercial jet full of passengers because one passenger was a patient (with an eye injury and no respiratory symptoms) being escorted from Vietnam. In the end the plane was allowed to land.)

5. Another unknown is whether or not the GVN will release patients from isolation in Vietnamese hospitals. SOS has a general agreement with the GVN to release patients being transported in isolation units, but the ambulance would be given a GVN military escort to the airport and permission in each instance will be decided on a case-by-case basis. Because of the need for individual consideration of the cases and arrangement for military escort, Dr. Miller warned that if the number of cases became large, it would be unlikely that the GVN would have the capacity to release patients under these conditions.

BOARDMAN